===	to this to form of a factor of form								
	in this information to identify your cotor 1 Yvette Holm								
Dei	otor 1 Yvette Holm	ies			_				
	otor 2 ouse, if filing)				_				
Uni	ted States Bankruptcy Court for the	E: DISTRICT OF NEW J	IERSEY		_				
l	se number 22-10367	_		Che	ck if this is:				
(If kr	nown)		An amended filing A supplement showing postpetition chapter						
_	(f) : 1.E					A suppleme 13 income 7/1/2	as of the foll	postpetition lowing date:	chapter
	fficial Form 106l				•	MM / DD/ Y			
	chedule I: Your Inc								12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	ır spouse is not filing w	ith you, do not include	infor	mation abou	ut your spo	ouse. If mor	e space is	needed,
1.	Fill in your employment information.	Debtor 1	Debtor 2 or non-filing spouse						
	If you have more than one job,	Employment status	✓ Employed			Employed			
	attach a separate page with information about additional	zmpioymoni otatao	■ Not employed	✓ Not employed					
	employers.	Occupation	Clerk		Financial Service				
	Include part-time, seasonal, or self-employed work.	Employer's name	Newark Public Sc						
	Occupation may include student or homemaker, if it applies.	Employer's address	765 Broad Street Newark, NJ 07102						
		How long employed t	here?			_			
Par	Give Details About Mo	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to rep	ort for	any line, wri	te \$0 in the	space. Inclu	ude your noi	n-filing
	u or your non-filing spouse have meespace, attach a separate sheet to		ombine the information t	for all e	employers fo	r that perso	n on the line	es below. If	you need
					For De	ebtor 1	For Debt	tor 2 or g spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,		2.	\$	4,335.00	\$	0.00		
3.	Estimate and list monthly over	ime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$\$	335.00	\$	0.00	

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Debt	or 1	Yvette Holmes	_	C	Case number (if known	1)	22-10)367			
			-								
					For Debtor 1		Fari	Dahtar 2	• •		
					FOI DEDIOI I		For Debtor 2 or non-filing spouse				
	Con	y line 4 here	4.	-	\$ 4,335.00	0	\$	ming sp	0.00		
	006	y line 4 nere			4,000.00	_	~ —		0.00		
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 639.00	n	\$		0.00		
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	_	\$		0.00		
	5c.	Voluntary contributions for retirement plans	5c.		\$ 745.00	_	\$		0.00	-	
	5d.	Required repayments of retirement fund loans	5d.		\$ 0.00	0	\$		0.00	-	
	5e.	Insurance	5e.		\$ 315.00	0	\$		0.00		
	5f.	Domestic support obligations	5f.		\$ 0.00	0	\$		0.00	-	
	5g.	Union dues	5g.		\$ 0.00	_	\$		0.00	-	
	5h.	Other deductions. Specify:	5h.		\$ 0.00	_	+ \$		0.00		
6.	bbΑ	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ 1,699.00	_	\$		0.00	-	
					1,00010		\$ \$				
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	•	\$ 2,636.00		Ф		0.00	-	
8.		all other income regularly received:									
	8a.	Net income from rental property and from operating a business, profession, or farm									
		Attach a statement for each property and business showing gross									
		receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a.		\$0.00		\$		0.00	_	
	8b.	Interest and dividends	8b.		\$0.00	0	\$		0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent									
		regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0.00	n	\$		0.00		
	8d.	Unemployment compensation	8d.		\$ 0.00		\$		0.00	-	
	8e.	Social Security	8e.		\$ 0.00	_	\$		0.00		
	8f.	Other government assistance that you regularly receive	00.	•	<u> </u>	_	Ψ		0.00	-	
	01.	Include cash assistance and the value (if known) of any non-cash assistance									
		that you receive, such as food stamps (benefits under the Supplemental									
		Nutrition Assistance Program) or housing subsidies.				_	_				
	_	Specify:	_ 8f.		\$ 0.00	_	\$		0.00	-	
	8g.	Pension or retirement income	8g.		\$ 0.00	_	\$		0.00		
	8h.	Other monthly income. Specify:	_ 8h.	.+	\$0.00	0 .	+ \$		0.00		
0	۸۵۵	all other income. Add lines 90,19h,190,19d,190,19f,190,19h	9.	•	. 0.00	_	\$		0.00		
9.	Auu	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	L	0.00	0			0.00	<u>'</u>	
			Г			_					
10.		•	10.	\$_	2,636.00 +	\$_		0.00 =	- \$ _	2,636.00	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L								
11.		e all other regular contributions to the expenses that you list in Schedule									
		nclude contributions from an unmarried partner, members of your household, your dependents, your roommates, and									
		other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .									
	Spe		avalla	abie	to pay expenses	1151	tu III O	11.		0.00	
	Оро						_		Ψ	0.00	
12.	Add	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.									
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data. if it										
	appl	ies						12.	\$	2,636.00	
									Combir		
	_		_					r	nonthl	y income	
13.		/ou expect an increase or decrease within the year after you file this form No.	?								
	✓	Yes. Explain:									
		1 T 1									

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